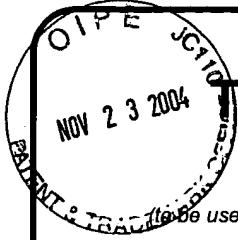


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# TRANSMITTAL FORM

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|--|---------------------------------|
| Application Number<br>Filing Date<br>First Named Inventor<br>Group Art Unit<br>Examiner Name | 09/929,852                      |
|  | 08/14/2001                      |
|  | William H. Hildebrand           |
|  | 1644                            |
|  | F. VanderVegt                   |
| Total Number of Pages in This Submission   | Attorney Docket Number 6680.025 |

## ENCLOSURES (check all that apply)

|  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>See remarks below: |
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|-------------------------|--|
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|   |  |                          |                       |
|---|--|--------------------------|-----------------------|
| <b>FEE TRANSMITTAL</b><br><b>for FY 2005</b><br><i>Patent fees are subject to annual revision.</i><br><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  | <b>Complete if Known</b> |                       |
|   |  | Application Number       | 09/929.852            |
|   |  | Filing Date              | 08/14/2001            |
|   |  | First Named Inventor     | William H. Hildebrand |
|   |  | Examiner Name            | F.P. Vandervegt       |
| TOTAL AMOUNT OF PAYMENT   |  | (\$)                     | 180                   |
|   |  | Attorney Docket No.      | 6680.025              |

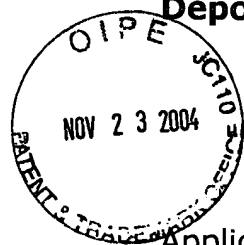
| <b>METHOD OF PAYMENT</b> (check all that apply)   |          | <b>FEE CALCULATION</b> (continued)   |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
|---|----------|--|----------|--|----------|-----------------|----------|-----------------|----------|----------|----------|----------|----------|------|-----|--------------------|----|-------------------------------------|-----|------|-----|-------------------|----|--|-----|------|-----|------------------|-----|---------------------------|-----|------|-------|--------------------|-------|--|-----|------|------|------------------------|------|--|--|------|--------|------|--------|---|--|--------------|-----|--------------|----|--|--|----------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-------|------|-----|---|-----|--------------------|-------|------|-------|--|--|------|-----|--------------|-----|------------------|--|-----------------|----------|----------|----------|--|----------|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|-----|---------------------------------------|--|------|-------|------|-----|--|--|------|-------|------|-----|--|--|--------------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|-----|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------|--|--|--|--|--|-----------------------------------|--|--------------|--|------|--|
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input type="checkbox"/> Deposit Account:<br>Deposit Account Number<br>Deposit Account Name   |          | <b>3. ADDITIONAL FEES</b><br><table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr><tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr><tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>1252</td><td>430</td><td>2252</td><td>215</td><td>Extension for reply within second month</td><td></td></tr><tr><td>1253</td><td>980</td><td>2253</td><td>490</td><td>Extension for reply within third month</td><td></td></tr><tr><td>1254</td><td>1,530</td><td>2254</td><td>765</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1255</td><td>2,080</td><td>2255</td><td>1,040</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>1401</td><td>340</td><td>2401</td><td>170</td><td>Notice of Appeal</td><td></td></tr><tr><td>1402</td><td>340</td><td>2402</td><td>170</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>1403</td><td>300</td><td>2403</td><td>150</td><td>Request for oral hearing</td><td></td></tr><tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>1453</td><td>1,370</td><td>2453</td><td>685</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>1501</td><td>1,370</td><td>2501</td><td>685</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>1502</td><td>490</td><td>2502</td><td>245</td><td>Design issue fee</td><td></td></tr><tr><td>1503</td><td>660</td><td>2503</td><td>330</td><td>Plant issue fee</td><td></td></tr><tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr><tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td>180</td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>1809</td><td>790</td><td>2809</td><td>395</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr><tr><td>1810</td><td>790</td><td>2810</td><td>395</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr><tr><td>1801</td><td>790</td><td>2801</td><td>395</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="2">Other fee (specify)</td><td colspan="2"></td><td></td><td></td></tr><tr><td colspan="2">*Reduced by Basic Filing Fee Paid</td><td colspan="2">SUBTOTAL (3)</td><td colspan="2">(\$)</td></tr></tbody></table> |          | Large Entity   |          | Small Entity    |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051               | 65 | Surcharge - late filing fee or oath |     | 1052 | 50  | 2052              | 25 | Surcharge - late provisional filing fee or cover sheet |     | 1053 | 130 | 1053             | 130 | Non-English specification |     | 1812 | 2,520 | 1812               | 2,520 | For filing a request for <i>ex parte</i> reexamination |     | 1804 | 920* | 1804                   | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action   |  | 1251         | 110 | 2251         | 55 | Extension for reply within first month |  | 1252     | 430 | 2252 | 215 | Extension for reply within second month |  | 1253 | 980 | 2253 | 490 | Extension for reply within third month |  | 1254 | 1,530 | 2254 | 765 | Extension for reply within fourth month |     | 1255               | 2,080 | 2255 | 1,040 | Extension for reply within fifth month |  | 1401 | 340 | 2401         | 170 | Notice of Appeal |  | 1402            | 340      | 2402     | 170      | Filing a brief in support of an appeal |          | 1403 | 300 | 2403 | 150 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55  | Petition to revive - unavoidable      |  | 1453 | 1,370 | 2453 | 685 | Petition to revive - unintentional                 |  | 1501 | 1,370 | 2501 | 685 | Utility issue fee (or reissue)                             |  | 1502         | 490 | 2502 | 245 | Design issue fee |  | 1503 | 660 | 2503 | 330 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | 180 | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 790 | 2809 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 790 | 2810 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 1801 | 790 | 2801 | 395 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  | SUBTOTAL (3) |  | (\$) |  |
| Large Entity  |          | Small Entity   |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| Fee Code  | Fee (\$) | Fee Code   | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1051  | 130      | 2051   | 65       | Surcharge - late filing fee or oath  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1052  | 50       | 2052   | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1053  | 130      | 1053   | 130      | Non-English specification  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1812  | 2,520    | 1812   | 2,520    | For filing a request for <i>ex parte</i> reexamination                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1804  | 920*     | 1804   | 920*     | Requesting publication of SIR prior to Examiner action                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1805  | 1,840*   | 1805   | 1,840*   | Requesting publication of SIR after Examiner action                        |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1251  | 110      | 2251   | 55       | Extension for reply within first month                                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1252  | 430      | 2252   | 215      | Extension for reply within second month                                    |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1253  | 980      | 2253   | 490      | Extension for reply within third month                                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1254  | 1,530    | 2254   | 765      | Extension for reply within fourth month                                    |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1255  | 2,080    | 2255   | 1,040    | Extension for reply within fifth month                                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1401  | 340      | 2401   | 170      | Notice of Appeal   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1402  | 340      | 2402   | 170      | Filing a brief in support of an appeal                                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1403  | 300      | 2403   | 150      | Request for oral hearing   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1451  | 1,510    | 1451   | 1,510    | Petition to institute a public use proceeding                              |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1452  | 110      | 2452   | 55       | Petition to revive - unavoidable   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1453  | 1,370    | 2453   | 685      | Petition to revive - unintentional   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1501  | 1,370    | 2501   | 685      | Utility issue fee (or reissue)   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1502  | 490      | 2502   | 245      | Design issue fee   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1503  | 660      | 2503   | 330      | Plant issue fee  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1460  | 130      | 1460   | 130      | Petitions to the Commissioner  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1807  | 50       | 1807   | 50       | Processing fee under 37 CFR 1.17(q)  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1806  | 180      | 1806   | 180      | Submission of Information Disclosure Stmt                                  | 180      |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 8021  | 40       | 8021   | 40       | Recording each patent assignment per property (times number of properties) |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1809  | 790      | 2809   | 395      | Filing a submission after final rejection (37 CFR 1.129(a))                |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1810  | 790      | 2810   | 395      | For each additional invention to be examined (37 CFR 1.129(b))             |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1801  | 790      | 2801   | 395      | Request for Continued Examination (RCE)                                    |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1802  | 900      | 1802   | 900      | Request for expedited examination of a design application                  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| Other fee (specify)   |          |  |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| *Reduced by Basic Filing Fee Paid   |          | SUBTOTAL (3)   |          | (\$)   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| <b>1. BASIC FILING FEE</b><br><table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>790</td><td>2001</td><td>395</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>350</td><td>2002</td><td>175</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>550</td><td>2003</td><td>275</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>790</td><td>2004</td><td>395</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="4">SUBTOTAL (1)</td><td colspan="2">(\$)</td></tr></tbody></table> |          | Large Entity   |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 1001     | 790      | 2001 | 395 | Utility filing fee |    | 1002                                | 350 | 2002 | 175 | Design filing fee |    | 1003   | 550 | 2003 | 275 | Plant filing fee |     | 1004                      | 790 | 2004 | 395   | Reissue filing fee |       | 1005   | 160 | 2005 | 80   | Provisional filing fee |      | SUBTOTAL (1)   |  |      |        | (\$) |        | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1"><thead><tr><th colspan="2">Total Claims</th><th colspan="2">Extra Claims</th><th colspan="2">Fee from below</th><th colspan="2">Fee Paid</th></tr><tr><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></tr></thead><tbody><tr><td>Independent</td><td></td><td>** =</td><td></td><td>X</td><td></td><td>=</td><td>\$0</td></tr><tr><td>Multiple Dependent</td><td></td><td>** =</td><td>0</td><td>X</td><td></td><td>=</td><td>\$0</td></tr></tbody></table><br><table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>88</td><td>2201</td><td>44</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>300</td><td>2203</td><td>150</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>88</td><td>2204</td><td>44</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="4">SUBTOTAL (2)</td><td colspan="2">(\$)</td></tr></tbody></table> |  | Total Claims |     | Extra Claims |    | Fee from below                         |  | Fee Paid |     |      |     |   |  |      |     |      |     | Independent                            |  | ** = |       | X    |     | =                                       | \$0 | Multiple Dependent |       | ** = | 0     | X                                      |  | =    | \$0 | Large Entity |     | Small Entity     |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code                               | Fee (\$) | 1202 | 18  | 2202 | 9   | Claims in excess of 20   |  | 1201 | 88    | 2201 | 44    | Independent claims in excess of 3             |  | 1203 | 300 | 2203 | 150 | Multiple dependent claim, if not paid |  | 1204 | 88    | 2204 | 44  | ** Reissue independent claims over original patent |  | 1205 | 18    | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |  | SUBTOTAL (2) |     |      |     | (\$)             |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| Large Entity  |          | Small Entity   |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| Fee Code  | Fee (\$) | Fee Code   | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1001  | 790      | 2001   | 395      | Utility filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1002  | 350      | 2002   | 175      | Design filing fee  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1003  | 550      | 2003   | 275      | Plant filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1004  | 790      | 2004   | 395      | Reissue filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1005  | 160      | 2005   | 80       | Provisional filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| SUBTOTAL (1)  |          |  |          | (\$)   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| Total Claims  |          | Extra Claims   |          | Fee from below   |          | Fee Paid        |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
|   |          |  |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| Independent   |          | ** =   |          | X  |          | =               | \$0      |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| Multiple Dependent  |          | ** =   | 0        | X  |          | =               | \$0      |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| Large Entity  |          | Small Entity   |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| Fee Code  | Fee (\$) | Fee Code   | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1202  | 18       | 2202   | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1201  | 88       | 2201   | 44       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1203  | 300      | 2203   | 150      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1204  | 88       | 2204   | 44       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| 1205  | 18       | 2205   | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| SUBTOTAL (2)  |          |  |          | (\$)   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |
| **or number previously paid, if greater; For Reissues, see above  |          |  |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |     |                    |       |      |       |  |  |      |     |              |     |                  |  |                 |          |          |          |  |          |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                       |  |      |       |      |     |  |  |      |       |      |     |  |  |              |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |              |  |      |  |

|                     |                          |                                   |                |
|---------------------|--------------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                          | <b>(Complete if applicable)</b>   |                |
| Name (Print/Type)   | Kathryn L. Hester, Ph.D. | Registration No. (Attorney/Agent) | 46,768         |
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**Deposited on: NOVEMBER 23, 2004**

**PATENT**



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Hildebrand et al. ) Atty. Dkt. No. 6680.025  
Serial No.: 09/929,852 )  
Filed: August 14, 2001 )

For: PRODUCTION OF SOLUBLE HUMAN CLASS I PROTEINS FROM cDNA

Mail Stop - IDS  
Commissioner for Patents  
P.O. Box 1450, Alexandria, VA 22313-1450

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

**List of Sections Forming Part of This  
Information Disclosure Statement**

The following sections are being submitted for this Information Disclosure Statement:

1. ☒ Preliminary Statements
2. ☒ Form PTO/SB/08A And 08B (formerly Form PTO-1449)
3. ☒ Copies Of Listed Information Items Accompanying This Statement
4. ☒ Identification Of Person(s) Making This Information Disclosure Statement

11/29/2004 NROCHA1 00000016 09929852

01 FC:1806

180.00 OP

## **Section 1. Preliminary Statements**

Applicants submit herewith patents, publications or other information of which they are aware, which they believe may be material to the examination of this application and in respect of which there may be a duty to disclose.

The filing of this information disclosure statement shall not be construed as a representation that a search has been made (37 C.F.R. § 1.97(g)), an admission that the information cited is, or is considered to be, material to patentability or that no other material information exists.

The filing of this information disclosure statement shall not be construed as an admission against interest in any manner. Notice of January 9, 1992, 1135 O.G. 13-25, at 25.

## **Section 2. FORM PTO/SB/08A And 08B (formerly Form PTO-1449)**

☒ [X] A completed FORM PTO/SB/08A And 08B (formerly Form PTO-1449) is attached hereto.

## **Section 3. Copies Of Listed Information Items Accompanying This Statement**

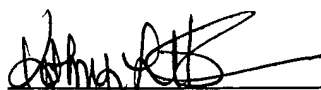
Legible copies of all items listed in Form PTO/SB/08A And 08B (formerly Form PTO-1449) accompany this information disclosure statement.

## **Section 4. Identification Of Person(s) Making This Supplemental Information Disclosure Statement**

The person making this statement is the attorney/agent who signs below on the basis of the information:

- ☐ supplied by the inventor(s)
- ☐ supplied by an individual associated with the filing and prosecution of this application (37 C.F.R. § 1.56(c)).
- ☒ in the attorney/agent's file

Respectfully submitted,

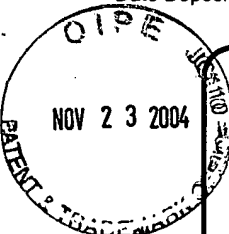


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Agent for Applicants

PTO/SB/08B (08-00)  
Approved for use through 10/31/2002. OMB 0651-0031  
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**Complete if Known**

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

*(use as many sheets as necessary)*

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|-------|---|----|---|
| Sheet | 1 | of | 1 |
|-------|---|----|---|

|                               |                       |
|-------------------------------|-----------------------|
| <b>Application Number</b>     | 09/929,852            |
| <b>Filing Date</b>            | 08/14/2001            |
| <b>First Named Inventor</b>   | William H. Hildebrand |
| Group Art Unit                | 1644                  |
| <b>Examiner Name</b>          | F.P. Vandervegt       |
| <b>Attorney Docket Number</b> | 6680 025              |

## OTHER PRIOR ART -- NON PATENT LITERATURE DOCUMENTS

[illegible]

|                       |  |                    |  |
|-----------------------|--|--------------------|--|
| Examiner<br>Signature |  | Date<br>Considered |  |
|-----------------------|--|--------------------|--|

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Unique citation designation number. <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

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